

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

228 S WASHINGTON STREET SUITE 115

☐Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00457705

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

☐☐☐in the  
State of☐(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

08

01

2010

through

08

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Sal Purpura

Signature of Treasurer

Electronically Filed by Mr. Sal Purpura

Date

09

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M  
0 8D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 8D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		253482.46
(b) Cash on Hand at Beginning of Reporting Period .....	31184.94	
(c) Total Receipts (from Line 19) .....	33541.10	459202.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	64726.04	712684.88
7. Total Disbursements (from Line 31) .....	29403.04	677361.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35323.00	35323.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	15879.39	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 25

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3950.00	139230.00
(ii) Unitemized .....	6056.80	207768.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10006.80	346998.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	23500.00	53000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	33506.80	399998.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	2503.54
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	34.30	74.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	56626.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33541.10	459202.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33541.10	459202.42

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	27438.04	579056.88	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	27438.04	579056.88	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	81700.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	825.00	4465.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	825.00	4465.00	
29. Other Disbursements.....	140.00	12140.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29403.04	677361.88	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29403.04	677361.88	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	33506.80	399998.58
34. Total Contribution Refunds (from Line 28(d)) .....	825.00	4465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32681.80	395533.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	27438.04	579056.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	34.30	74.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27403.74	578982.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN A. AGUILO

Mailing Address 340138TH STREET NW #504

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: SA11.3061496

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER S. ANERELLA

Mailing Address 16 COVERED BRIDGE ROAD

City

FLEMINGTON

State

NJ

Zip Code

08822-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF AMERICA MERRILL  
LYNCH

Occupation

FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: SA11.3061505

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

COUNTY RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

Transaction ID: SA11.3065930

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DEBRA I. DAY

Mailing Address 2342 NE 29TH STREET

City

LIGHHOUSE POINT

State

FL

Zip Code

33064-8131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	0

Transaction ID: SA11.3065928

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN DOYLE

Mailing Address P.O. BOX 23254

City

GLADE PARK

State

CO

Zip Code

81523-0254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOYLE TRADING CONSULTANTS  
LLC

Occupation

ENERGY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Transaction ID: SA11.3061581

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. GRATTON

Mailing Address P.O. BOX 190599

City

DALLAS

State

TX

Zip Code

75219-0599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Transaction ID: SA11.3065947

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS IRWIN

Mailing Address 1542 NEWPORT BLVD

City

COSTA MESA

State

CA

Zip Code

92627-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEWPORT MESA ANIMAL HOSPI-  
TAL

Occupation

VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

Transaction ID: SA11.3065924

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City

MISSOURI CITY

State

TX

Zip Code

77459-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKER SOLUTIONS

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

Transaction ID: SA11.3065919

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TODD LAMMLE

Mailing Address 16 CAMINO BOSQUE

City

BOULDER

State

CO

Zip Code

80302-8735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

COMPUTER ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: SA11.3061548

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NED MARROW

Mailing Address 3001 BELMONT CIRCLE

City

AUSTIN

State

TX

Zip Code

78703-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11.3064393

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENA S. MEEK

Mailing Address 506 DIAMOND POINT DRIVE

City

OAK POINT

State

TX

Zip Code

75068-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEAL BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: SA11.3061566

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEN E. NILSSON

Mailing Address 300 RAILWAY AVENUE  
SUITE D

City

CAMPBELL

State

CA

Zip Code

95008-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11.3061471

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADOLF SGAMBELLURI

Mailing Address 9 LADERA CIRCLE  
NIMITZHILL ESTATES

City State Zip Code  
PITI GU 96915-5404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIREE

Occupation  
U.S. MARINE CORPS (RET)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

Transaction ID: SA11.3065921

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA C. TRAVAGLINI

Mailing Address 4000 HAZELWOOD AVENUE

City State Zip Code  
DOWNTOWN PA 19335-2211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11.3063065

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARTHA WILLIAMS

Mailing Address 347 BAYHILL CIRCLE

City State Zip Code  
DAYTON NV 89403-8711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11.3063059

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

3950.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS PACMailing Address 101 CONSTITUTION AVENUE NW  
SUITE 801 E.City State Zip Code  
WASHINGTON DC 20001-2133FEC ID number of contributing  
federal political committee.**C** C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Transaction ID: SA11.3060858

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY PACMailing Address 1299 PENNSYLVANIA AVENUE NW  
SUITE 900WCity State Zip Code  
WASHINGTON DC 20004-2400FEC ID number of contributing  
federal political committee.**C** C00024869

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Transaction ID: SA11.3060857

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL PACMailing Address 101 CONSTITUTION AVENUE NW  
SUITE 500 WESTCity State Zip Code  
WASHINGTON DC 20001-2133FEC ID number of contributing  
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: SA11.3066196

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN EMPLOYEES' PAC

Mailing Address 1550 CRYSTAL DRIVE  
CRYSTAL SQ. TWO STE. 300

City State Zip Code  
ARLINGTON VA 22202-4135

FEC ID number of contributing  
federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11.3060859

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MACANDREWS & FORBES HOLDINGS INC. PAC

Mailing Address 35 E. 62ND STREET

City State Zip Code  
NEW YORK NY 10065-8014

FEC ID number of contributing  
federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Transaction ID: SA11.3061425

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 100

City State Zip Code  
WASHINGTON DC 20001-1434

FEC ID number of contributing  
federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11.3060856

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

23500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PKWY

City

MCLEAN

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

Transaction ID: SA.2

Amount of Each Receipt this Period

34.30

REFUND-CREDIT CARD MERCHA-  
NT FEE

SUBTOTAL of Receipts This Page (optional) .....

34.30

TOTAL This Period (last page this line number only) .....

34.30

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.11

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

818.87

B.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.8

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

818.87

C.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.7

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

3138.01

SUBTOTAL of Disbursements This Page (optional) .....

4775.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.9

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

3138.01

B.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.10

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

150.06

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City  
KINGWOOD

State  
TX

Zip Code  
77339

Purpose of Disbursement  
PAYROLL SVC-TAXES-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.12

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1277.45

SUBTOTAL of Disbursements This Page (optional) .....

4565.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-TAXES-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.13

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

1112.35

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.5

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

3.09

**C.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.2

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

64.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1179.44

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.22

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

5666.03

B.

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.23

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1831.70

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.1

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

173.28

SUBTOTAL of Disbursements This Page (optional) .....

7671.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVIS MANAFORT INC

Mailing Address 211 N UNION ST STE 250

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.21

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

733.45

B.

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.6

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

419.09

C.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 901 KING ST STE 400

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.20

Date of Disbursement

08 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

3652.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.14

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

1278.15

**B.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.17

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1860.44

**C.**

Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City BALTIMORE State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.15

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

286.65

**SUBTOTAL** of Disbursements This Page (optional) .....

3425.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City State Zip Code  
BALTIMORE MD 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.18

Date of Disbursement

/   /

Amount of Each Disbursement this Period

286.65

**B.** Full Name (Last, First, Middle Initial)  
NOVA

Mailing Address 7300 CHAPMAN HWY

City State Zip Code  
KNOXVILLE TN 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

121.10

**C.** Full Name (Last, First, Middle Initial)  
VA TAX DEPARTMENT

Mailing Address PO BOX 1115

City State Zip Code  
RICHMOND VA 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.16

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.23

**SUBTOTAL** of Disbursements This Page (optional) .....

447.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VA TAX DEPARTMENT

Mailing Address PO BOX 1115

City  
RICHMOND

State  
VA

Zip Code  
23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.19

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

40.23

**B.**

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.3

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1680.33

**SUBTOTAL** of Disbursements This Page (optional) .....

1720.56

**TOTAL** This Period (last page this line number only) .....

27438.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL GRIMM FOR CONGRESS

Mailing Address 2381 Hylan Blvd

City  
STATEN ISLANDState  
NYZip Code  
10306Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
MR. MICHAEL GRIMMCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: SB23.1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**B.**

Full Name (Last, First, Middle Initial)

WARING 2010

Mailing Address 4715 N 32ND ST STE 107

City  
PHOENIXState  
AZZip Code  
85018Purpose of Disbursement  
IN-KIND-LIST RENTALCandidate Name  
MR. JIM WARINGCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: SB23.2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	0

Amount of Each Disbursement this Period

1	3	0	8	.	4	3			
---	---	---	---	---	---	---	--	--	--

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KIPPY GAMBILL

Mailing Address 7460 VIA CAPRI

City  
LA JOLLA

State  
CA

Zip Code  
94037

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.01

Date of Disbursement

/   /

Amount of Each Disbursement this Period

825.00

SUBTOTAL of Disbursements This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

825.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT KEN BENNETT

Mailing Address PO BOX 627

City  
GILBERT

State  
AZ

Zip Code  
85299

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.1A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

140.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAMPAIGN SOLUTIONSNature of Debt (Purpose):  
WEB SERVICE

Mailing Address 118 N ST ASAPH ST

City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

10366.55

Transaction ID: SD10-02

Amount Incurred This Period

5157.29

Payment This Period

5666.03

Outstanding Balance at Close of This Period

9857.81

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAPLIN & DRYSDALENature of Debt (Purpose):  
LEGAL CONSULTING

Mailing Address ONE THOMAS CIR NW SUITE 1100

City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-03

Amount Incurred This Period

1894.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.44

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
YUMA SOLUTIONS INCNature of Debt (Purpose):  
COMPUTER SUPPORT/EQUIPMENT

Mailing Address PO BOX 152075

City State ZIP Code  
TAMPA FL 33684

Outstanding Balance Beginning This Period

3360.63

Transaction ID: SD10-01

Amount Incurred This Period

2446.84

Payment This Period

1680.33

Outstanding Balance at Close of This Period

4127.14

1) **SUBTOTALS** This Period This Page (optional).....

15879.39

2) **TOTALS** This Period (last page this line number only).....

15879.39

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

15879.39